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CONFIRMATION NO. 5616

SERIAL NUMBER 10/777,736	FILING OR 371(c) DATE 02/12/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO.
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APPLICANTS

Corey A. Burchman, York, PA;

** CONTINUING DATA *****

NONE BHH

** FOREIGN APPLICATIONS *****

NONE BHH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/08/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Burchman</u> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Ice pain management device and method

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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